Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/12/2010	Address:	<u>2895 S. 600 E.</u>
Case #:	<u>14F39657</u>		Mace, IN
County:	Montgomery		<u>47933</u>
Operation Chemic	aboratory Seizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (compared Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: <u>In modified tank</u>			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Yes No *If yes, fax re	er age 18 discovered (check one) (number present) eport to Child Protective Services	☐ Ephedrin☐ Retail/Mo☐ Other:Co	e Information e/Pseudoephedrine Tracking Log erchant Tip ounty Agency
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment:	Fax: Fax:	-
Health Department:		Fax:	
Child Prote	ction Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Ryan V. Royer</u> Phone <u>765-567-2125</u>			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.